

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

48/521790

1 Date of Request: _____

2 Serial/Patent # _____

90/521790

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$

8 TO BE REFUNDED BY: _____

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

Treasury Check

Credit Card Refund Total: \$500.00

Credit Deposit A/C #: _____

Exp. Date: XXXXXXXXXX1001

9

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

PHONE: _____

-500.00 OP

OFFICE: _____

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**